

Lillian Beauchamp

Town

County

Died at

Hannover

Somerset

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

June 30

Age

6 4

Mod.

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

WidowerNumber of children living

Husband of

Wife

Father's

Name

Thomas Beauchamp

Mother's

Maiden Name

Fanny Long

Cause of

Primary

Diphtheria

How long sick

2 weeks

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

G. W. Gill

Address

Hannover

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Bozman

Died at *Orville* Town *Bozman* County *Bozman* MARYLAND

Date 1912 *June 20* Month *June* Day *20* Age *- 2 -* M. *-* D. *-* Native of *Ind* Occupation *-*

~~Male~~ *White* ~~Marrried~~ *Widow* ~~Divorced~~
 Female ~~Colored~~ *Single* ~~Widower~~ *Number of children living*

Husband of *-*
 Wife *-*

Father's Name *Wesley Bozman* Mother's Maiden Name *Sarah Jones*

Cause of Death { Primary *Pertussis* & *Broncho Pneumonia* How long sick *6 weeks*
 Immediate *Broncho Pneumonia* ~~Accident, Suicide, Homicide~~

Reported by *Re. H. Hoyt M.D.*

Address *Orville P.O. Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John T Cullen

Died at near Princess Anne Town Somerset County MARYLAND
 Month June Day 23 Y. 63 M. D. Native of Kent Co. Md. Occupation Farmer
 Date 1902 June 23 Age 63
 Male Female White Colored Married Single Widow Divorced
 Number of children living 2

Husband of Leah S Cullen
 Wife Leah S Cullen

Father's Name Mother's Leah
 Maiden Name

Cause of Death { Primary Rupture of blood vessels How long sick
 Immediate apoplexy Accident, Suicide, Homicide

Reported by Paul Jones M.D.

Address Princess Anne Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Theodore Dashiell

Town

County

Died at

Annapolis

Somerset

MARYLAND

Date 19

02

Month

Day

Age

Y.

M.

D.

Native of

Occupation

Date 19

02

June 14

Age

20

-

-

Md

Copterman

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Sidney Dashiell

Mother's

Maiden Name

Jennie Windsor

Cause of

Primary

Tubercular Extremities

How long sick

16 mos

Death

Immediate

Exhaustion

29

Accident, Suicide, Homicide

Reported by

Geo W Noble

Address

Monie P.O. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Francis A. Dunston

Town

County

Died at Dublin Dist Somerset

MARYLAND

Date 19 02 June 22 Age 58 Morastick Farmer
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 8

Husband of Anne B. Brunningham
 Wife

Father's Name Linn Dunston Mother's Name Mary Powell
 Maiden Name

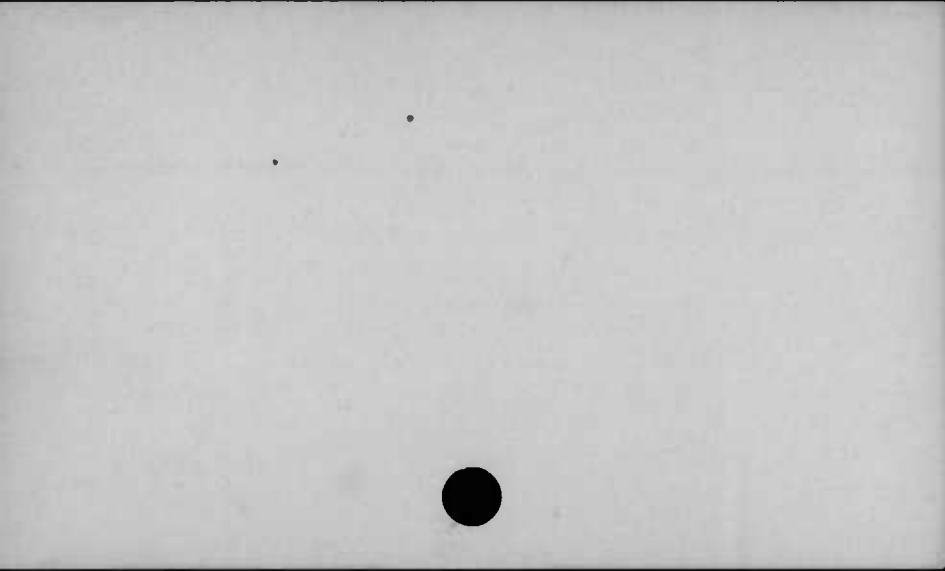
Cause of Death Primary Malaise Neuralgia about 2 weeks
 Immediate Death How long sick
 Accident, Suicide, Homicide

Reported by Linn Dunston

Address Prosser City Md

179

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Cassius Dorsey

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

~~Married~~

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Daniel H. Fitzgerald

Died at ^{Town} Mt Vernon ^{County} Somerset MARYLAND

Date ¹⁹⁰² 1902 ^{Month} B. ^{Day} 15 ^{Y.} 16 ^{M.} 7 ^{D.} 0 ^{Native of} Md. ^{Occupation} Laborer

☒ Male ☐ Female ☒ White ☐ Colored ☒ Married ☐ Single ☒ Widower ☐ Number of children living

Husband of

Wife

Father's Name J. M. Fitzgerald

Mother's Name Mary Murray

Cause of Death { Primary Suicide by applying

How long sick

Death { Immediate Shot gun to back of head

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

June

2

Age

13

4

2

Maryland

Farmer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

~~Husband~~

of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Typhoid Fever

How long sick

30 days

Death

Immediate

Infect & killed on part of

Accident, Suicide, Homicide

Reported by

F. A. Adams, M.D.

Address

Pawmoke city, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79825



Name in Full

Certificate of Death

Died at

Date 19

Male

White

~~Married~~~~Widower~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~~~Husband~~ of~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MARYLAND

LIBRARY BUREAU, 79898



Mary E. Joice

Town

County

Died at James Quarter Somerset

MARYLAND

Date 1902 June 11th Age 58- Y. M. D. Native of Md. Occupation Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 2

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Primary Tuberculosis How long sick One year

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Bennie Miles Jones

Town

County

Died at

MARYLAND

Date 1902

June 10

Age

Y.

M.

D.

Native of

Occupation

Male

~~Widow~~~~Single~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widow~~

Number of children living

Husband

Wife

Father's

Mother's

Name

Maiden Name

Henry A. Jones

Laisie M. Jones

Cause of

Primary

Whooping cough

How long sick

10 day

Death

Immediate

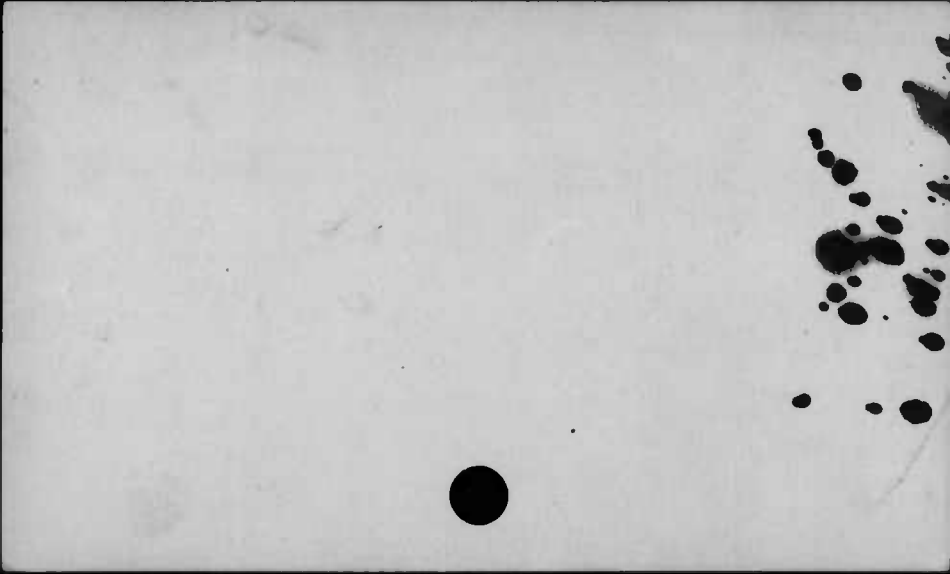
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full *Mr. James Jones*
 Died at *Mt. Vernon* Town *Somerset* County *MARYLAND*

Date 190*5* *6* Month *25* Day *92* Age *3* Y. *W* M. *D* Native of *W. Va.* Occupation *Farmer*
 Male *White* Married *Widow* Divorced *3*
 Female *Colored* Single *Widower* Number of children living *3*

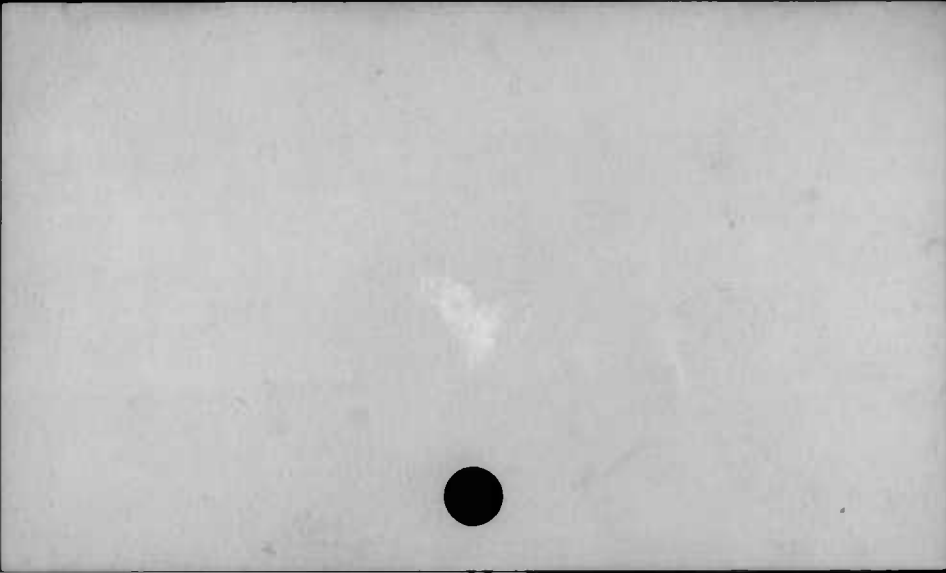
Husband of *Joseph Jones*
 Wife *Joseph Jones*
 Father's Name *Joseph Jones* Mother's Name *Joseph Jones*
 Maiden Name *Joseph Jones*

Cause of Death { Primary *Heart Disease* 27 How long sick *14 mths*
 Immediate *Heart Disease* Accident, Suicide, Homicide

Reported by *J. M. Jones*

Address *Mt. Vernon Somerset Va.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Susan E. Jones

Town

County

Died at

Chance Somerset

MARYLAND

Date 189

1902

Month

Day

Y.

M.

D.

Native of

Occupation

June 23

Age

86-5-22

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband of

Wife

Father's

Name

Mother's
Name

106-

Cause of

Primary

Diarthoea

How long sick

5 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. W. Jones

Address

Dukes Quarter Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Certificate of Death

Died at

Date 1/9

~~Male~~
Female

Husband of
Wife

Father's
Name

Cause of	Primary
Death	Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Caroline Nutter

Died at ^{Town} Mt Vernon ^{County} Somerset Co MARYLAND

Date 1902 Month 6 Day 11 Age 42 Native of Mt Vernon Occupation

☒ Male ☒ White ☒ Married ☒ Widow ☒ Divorced
☐ Female ☐ Colored ☐ Single ☐ Widower Number of children living 7

Husband of George Rich

Wife

Father's Name William Nutter Mother's Maiden Name Lara Nutter

Cause of Death { Primary Opthis 27 How long sick 1 yr

Death { Immediate Collapse Exhaustion Accident, Suicide, Homicide

Reported by J. J. Wilson M. D.

Address Mt Vernon Somerset Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name In Full

Certificate of Death

Samuel J. Owens

Town

County

MARYLAND

Died at

Dames Quarter

Somerset

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

June 14th

Age 66

Md

Oyster man

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

13

Husband

of

Priscilla White

Wife

Father's

Name

Peter Owens

Mother's

Maiden Name

Elizabeth Nelson

Cause of

Primary

Locomotor Ataxia

How long sick

2 years

Death

Immediate

Cerebral hemorrhage

~~Accident, Suicide, Homicide~~

Reported by

P. J. Windsor, M.D.

Address

Dames Quarter

Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Mary Perreine
 Town County

Died at *Neor Peconock* *Samuel* MARYLAND

Date 1907	Month June	Day 17	Y. 59	M. -	D. -	Native of ind	Occupation Housewife
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower			Number of children living 3	

Husband of *John Perreine*
 Wife
 Father's Name

Mother's Maiden Name *Elizabeth Quinn*

Cause of	Primary	<i>Tuberculosis</i>	How long sick	<i>8 years</i>
Death	Immediate	<i>Asphyxia</i>	Accident, Suicide, Homicide	

Reported by *Columbus F. Harris*

Address *Peconock City ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Levin Pollitt (Col)

Town

County

MARYLAND

Died at

Princess Anne Somerset

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 June 24 Age 77 - - Princess Anne T. H. Smith

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

10

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Bright's disease

How long sick

1 year

Death

Immediate

120

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79888



Mary A. Smith

Died at Danvers Quarter Somerset MARYLAND

Date 19 02 June 1 Y. M. D. Native of md Occupation
Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband
of

Wife

Father's Name Francis Smith Mother's Maiden Name Sarah Jones

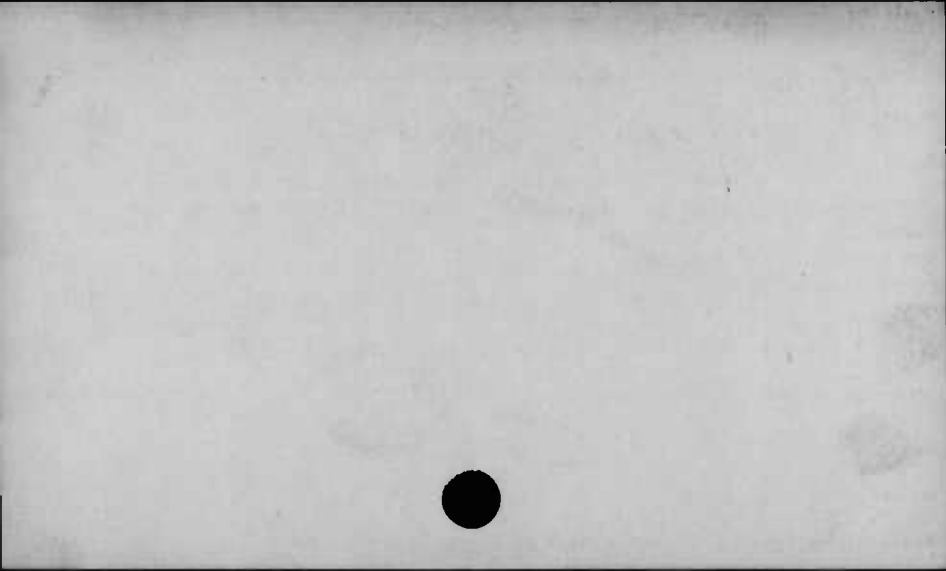
Cause of Death { Primary Pertussis 8 How long sick 1 mo.

Death { Immediate Convulsion Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Sydney T. Tylman

Town

County

MARYLAND

Died at

Marion

Somerset

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

June 23

Age 63

md

House servant

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

Husband of

Wife

Father's

Name

William Tylman

Mother's

Name

Sydney Handy

Cause of

Primary

Dysentery

How long sick

one week

Death

Immediate

14

Accident, Suicide, Homicide

Reported by

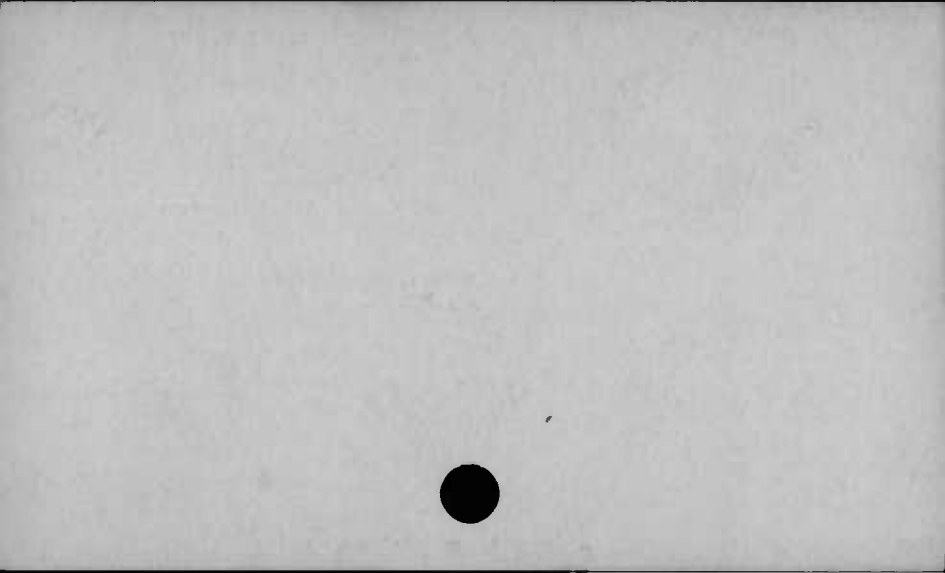
W. T. Hall

Address

Confidential

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70893



Name in Full

Certificate of Death

Died at

Date 1902

Male

Female

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MARYLAND

John B. White
 Town Beels Island County Somerset
 Month June Day 18 Y. 72 M. - D. - Native of Md Occupation Workman
 White Married Widower Divorced
 Number of children living 5
 Husband of Elizabeth W. Dix
 Father's Name David White Mother's Name Elizabeth White
 Cause of Death Primary Cerebral Hemorrhage How long sick 5 days
 Immediate Asthenia Accident, Suicide, Homicide
 Reported by H. L. Alexander
 Address Beels Island Somerset Co.



Name In Full

Certificate of Death

Mary E. White

Town

County

MARYLAND

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

1902

June 28

Age 02

Md

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband

of

Wife

David White

Father's

Name

H. Webster

Mother's

Maiden Name

Cause of

Primary

Tuberculosis

How long sick

1 year

Death

Immediate

Asthma

Accident, Suicide, Homicide

Reported by

J. W. Winder

Address

Dames Quarter

Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75896



Name in Full

Certificate of Death

Sallie Whittington

Town

County

Died at

MARYLAND

Date 1902

Month Day

Y.

M.

D.

Native of

Occupation

June 26

Age 61

Md.

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

9

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Meningitis 61

How long sick

6 weeks

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

H. F. Hall M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

